

Fill in this information to identify the case:Debtor name **BERWICK HOSPITAL COMPANY, LLC**United States Bankruptcy Court for the: **EASTERN DISTRICT OF MICHIGAN**Case number (if known) **22-47699**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1** Priority creditor's name and mailing address
see attached

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed

Date or dates debt was incurred _____

Basis for the claim: _____

Last 4 digits of account number _____

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

Total claim	Priority amount
218,951.05	10,465.25

Part 2: List All Creditors with NONPRIORITY Unsecured Claims**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.**3.1** Nonpriority creditor's name and mailing address**Air Gas USA
PO BOX 734445
Chicago, IL 60673-4445**

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: **trade**Is the claim subject to offset? ☒ No ☐ Yes**Amount of claim****\$55,727.01****3.2** Nonpriority creditor's name and mailing address**BECKMAN COULTER INC
DEPT CH 10164
Palatine, IL 60055-0164**

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: **trade**Is the claim subject to offset? ☒ No ☐ Yes**\$55,080.31**

Debtor **BERWICK HOSPITAL COMPANY, LLC**
Name

Case number (if known) **22-47699**

3.3	Nonpriority creditor's name and mailing address BERWICK AREA SCHOOL DISTRICT 1615 LINCOLN AVE, Berwick, PA 18640 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$145,710.13
3.4	Nonpriority creditor's name and mailing address EMCARE PHYSICIAN SERVICES INC 7032 COLLECTION CENTER DR Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$335,489.82
3.5	Nonpriority creditor's name and mailing address Frank J. Giugliano c/o Franklin Kepner, Esq. 123 West Front Street Berwick, PA 18603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>litigation</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$0.00
3.6	Nonpriority creditor's name and mailing address Galesburg Cottage Hospital 695 N Kellogg St. Galesburg, IL 61401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>loan(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200,000.00
3.7	Nonpriority creditor's name and mailing address GLOBAL CLINICAL EDUCATION 461 Huron Street Pontiac, MI 48341 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>loan(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$658,992.50
3.8	Nonpriority creditor's name and mailing address HIGHMARK BLUE SHIELD 120 Fifth Ave, Suite 232A Pittsburgh, PA 15222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,799.39
3.9	Nonpriority creditor's name and mailing address INFRAHEALTH INC 1000 Heritage Center Circle 123 Round Rock, TX 78664 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99,000.31

Debtor **BERWICK HOSPITAL COMPANY, LLC**
Name

Case number (if known) **22-47699**

3.10	Nonpriority creditor's name and mailing address INTERSTAFF INC 16107 Kensington Drive, Box 140 Sugar Land, TX 77478 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,595.90
3.11	Nonpriority creditor's name and mailing address MAGELLAN RX MANAGEMENT, INC 14100 Magellan Plaza Maryland Heights, MO 63043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$114,849.16
3.12	Nonpriority creditor's name and mailing address Mathew Spring Water PO BOX 87, Nescopeck, PA 18635 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.50
3.13	Nonpriority creditor's name and mailing address MATTHEW A BERGER, MD, PC 340 MONTAGE MOUNTAIN RD, MOOSIC, PA Moosic, PA 18507 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,550.00
3.14	Nonpriority creditor's name and mailing address MEDLINE INDUSTRIES INC BOX 382075 Pittsburgh, PA 15251-8075 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,944.96
3.15	Nonpriority creditor's name and mailing address MEDTRONIC USA INC 4642 Collections Center Drive Chicago, IL 60693-0046 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73,160.70
3.16	Nonpriority creditor's name and mailing address NRG Business Solutions P O BOX 223688 Pittsburgh, PA 15251-2688 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$162,870.24

Debtor **BERWICK HOSPITAL COMPANY, LLC**
Name

Case number (if known) **22-47699**

3.17	Nonpriority creditor's name and mailing address PENNSYLVANIA AMERICAN WATER PO BOX 371412, PITTSBURGH, PA Pittsburgh, PA 15250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48,631.95
3.18	Nonpriority creditor's name and mailing address Pennsylvania Department of Human Service P O BOX 2675 Harrisburg, PA 17105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$149,693.50
3.19	Nonpriority creditor's name and mailing address Pentagon Federal Credit Union - 1415 Ritner Hwy, Carlisle, PA 17013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
3.20	Nonpriority creditor's name and mailing address People Trust Community Loan Fund 5300 West 65th Street, Little Rock, AR Little Rock, AR 72209 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>loan(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,998,762.00
3.21	Nonpriority creditor's name and mailing address Pharmacy Exchange 18 Campus Blvd, Suite 100, Newtown Squar Newtown Square, PA 19073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,258.83
3.22	Nonpriority creditor's name and mailing address PRUDENTIAL GROUP INSURANCE PO BOX 101241, ATLANTA, GA Atlanta, GA 30392-1241 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,906.02
3.23	Nonpriority creditor's name and mailing address REMI 6325 Ardrey Kell Road, Suite 200 Charlotte, NC 28277 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77,128.10

Debtor **BERWICK HOSPITAL COMPANY, LLC**
Name

Case number (if known) **22-47699**

3.24	Nonpriority creditor's name and mailing address Sant Partners 11872 LONGFELLOW CIRCLE, Shreveport, LA 71106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$369,031.25
3.25	Nonpriority creditor's name and mailing address SBJ GROUP INC 1 CHISHOLM TRIAL ROAD, SUITE 450, Round Rock, TX 78681 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$761,864.00
3.26	Nonpriority creditor's name and mailing address see attached Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,270,697.31
3.27	Nonpriority creditor's name and mailing address STERICYCLE INC P O BOX 6582, CORAL STREAM, IL Carol Stream, IL 60197-6582 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,846.08
3.28	Nonpriority creditor's name and mailing address UGI Utilities PO BOX 15503 Wilmington, DE 19886 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$228.20
3.29	Nonpriority creditor's name and mailing address US Foods Inc PO BOX 824038, PHILADELPHIA, PA Philadelphia, PA 19182-4038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,838.03
3.30	Nonpriority creditor's name and mailing address ZIMMER BIOMET PO BOX 277530 Atlanta, GA 30384-7530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$93,596.53

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
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Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1	218,951.05	5a.	<div>Tc</div> <div>\$</div>
5b. Total claims from Part 2	6,995,571.73	5b. +	\$
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	7,214,522.78	5c.	<div>\$</div>

<u>Last Name</u>	<u>First Name</u>	<u>Priority claim liability</u>	<u>Unsecured Claim liability</u>	<u>Total Unsecured Liability</u>
Adamchick	Courtney	64.62	0.00	\$0.00
Angeli	Carmen	0.00	0.00	\$0.00
Bendas	Elizabeth	0.00	8,301.62	\$8,301.62
Berta	Brian	464.63	71.48	\$536.11
Bielko	Dorothy	0.00	4,224.10	\$4,224.10
Blaine	Alicia	0.00	2,390.74	\$2,390.74
Bloss	Katlyn	0.00	2,459.38	\$2,459.38
Bogart	Jennifer	0.00	2,043.68	\$2,043.68
Brokenshire	Deborah	0.00	18,268.65	\$18,268.65
Carey	Neal	0.00	0.00	\$0.00
CLARKE	TASHANA	253.38	0.00	\$0.00
Compton	Lisa	0.00	2,255.51	\$2,255.51
Cornell	Destiny	0.00	1,699.93	\$1,699.93
Curtin	Catherine	465.41	5,690.07	\$6,155.48
Dalo	Pamela	0.00	167.99	\$167.99
DiPippa	Gina	0.00	3,325.26	\$3,325.26
Eagan	Reva	0.00	0.15	\$0.15
Elmes	Elaine	0.00	3,774.25	\$3,774.25
Farver	Natasha	0.00	141.21	\$141.21
Faux	Caitlin	66.44	820.05	\$886.48
Federici	Diana	0.00	3,688.81	\$3,688.81
Fern	Darlene	97.12	598.55	\$695.67
Frace	Stephani	0.00	0.18	\$0.18
Frankevich	Linda	0.00	8,989.19	\$8,989.19
Gordon	Amy	418.19	301.29	\$719.47
Gregory	Sherry	655.81	3,440.09	\$4,095.90
Gudoski	Mary	0.00	169.69	\$169.69
Herndon	Brenda	0.00	220.56	\$220.56
Herring	Donald	0.00	408.74	\$408.74
Hess	Samantha	0.00	49.59	\$49.59
Hofford	Douglas	0.00	5,952.94	\$5,952.94
Iftikhar	Luanne	0.00	0.00	\$0.00
Jenkins	Pamela	0.00	0.44	\$0.44
Kissinger	Jessica	0.00	0.11	\$0.11
Korea	George	0.00	8,585.42	\$8,585.42
Lane	Jennifer	0.00	0.00	\$0.00
Lentz	Patricia	0.00	494.88	\$494.88
Levitsky	Edward	0.00	0.41	\$0.41
lockard	kenneth	0.00	277.54	\$277.54
Lombardo	Anita	0.00	4,920.85	\$4,920.85

<u>Last Name</u>	<u>First Name</u>	<u>Priority claim liability</u>	<u>Unsecured Claim liability</u>	<u>Total Unsecured Liability</u>
Lombargo	Mary	0.00	6,968.90	\$6,968.90
Lorenzo	Lisa	0.00	0.00	\$0.00
Maclejewski	Molly	772.15	3,074.01	\$3,846.16
Martz	Candice	3.77	45.38	\$49.15
Mchugh	Rebecca	0.00	0.49	\$0.49
McKinzie	Rhonda	0.00	245.23	\$245.23
Midway	Deana	0.00	1,486.04	\$1,486.04
Millard	Linda	0.00	634.61	\$634.61
Miller	Amy	0.00	3,267.84	\$3,267.84
Miller	Denise	0.00	0.16	\$0.16
Miller	Linda	1,089.92	1,214.36	\$2,304.27
Miller	Nicholas	452.31	414.62	\$866.93
Morgan	James	0.00	3,822.63	\$3,822.63
Motsney	John	0.00	3,051.20	\$3,051.20
Nemetz	Gary	0.00	1,851.23	\$1,851.23
Nevel	Kolby	0.00	184.63	\$184.63
Neye	Jennifer	0.00	103.85	\$103.85
Nichols	Nancy	0.00	6,323.07	\$6,323.07
Noss	Stacey	0.00	2,172.24	\$2,172.24
Nunkester	Luann	0.00	7,891.04	\$7,891.04
Nuss	Nancy	0.00	1,225.43	\$1,225.43
O'Brien	Holly	20.21	2,259.79	\$2,280.00
Orlando	Bridget	0.00	1,453.45	\$1,453.45
Persun	Beth	0.00	162.92	\$162.92
Pyles	Kathleen	0.00	166.63	\$166.63
Rado	Rebecca	0.00	3,026.36	\$3,026.36
Ridall	Julie	0.00	6,384.93	\$6,384.93
Riffindifil	Jason	0.00	47.14	\$47.14
Riffindifil	Rosemary	0.00	56.33	\$56.33
Robbins	Cindy	0.00	4,158.00	\$4,158.00
Rubenstein	Paula	0.00	452.78	\$452.78
Russell	Anita	0.00	0.09	\$0.09
Sachetti	Kathleen	2,303.23	840.95	\$3,144.18
Schattie	Amy	0.00	124.79	\$124.79
Schu	Karl	658.99	1,025.16	\$1,684.15
Shadle	Terri	0.00	7,340.18	\$7,340.18
Shaffer	Brittany	1,594.10	129.97	\$1,724.07
Silliman	Deirdre	0.00	5,279.89	\$5,279.89
Singzon	Teresa	427.95	423.27	\$851.22
Sinvhal-Shar	Priyamvada	0.00	17,307.69	\$17,307.69

<u>Last Name</u>	<u>First Name</u>	<u>Priority claim liability</u>	<u>Unsecured Claim liability</u>	<u>Total Unsecured Liability</u>
Sirak	Kristin	0.00	99.96	\$99.96
Steimer	Laura	32.84	6,913.42	\$6,946.27
Stepanski	Lynn	0.00	537.35	\$537.35
Stich	Christine	0.00	413.75	\$413.75
SUTCLIFFE	TAMMY	0.00	512.70	\$512.70
turak	Mary Ann	0.00	0.05	\$0.05
Turner	Jacqueline	0.00	0.28	\$0.28
Volin	Joanna	0.00	942.28	\$942.28
Wagner	Joanne	0.00	1,399.13	\$1,399.13
Wall	Alexa	0.00	102.70	\$102.70
Ward	Kelly	0.00	4,991.46	\$4,991.46
Weiss	Crystal	0.00	436.01	\$436.01
Weller	Brandy	398.03	0.00	\$398.03
Williamoski	Lisa	0.00	3,502.94	\$3,502.94
Yagual	Delaila	226.16	0.00	\$226.16
Yocum	Mary	0.00	121.84	\$121.84
Zezza	Renita	0.00	479.30	\$479.30
TOTAL		10,465.25	208,803.79	218,951.05

Name	Street Address	Zip Code	Claim
1918 WEST FRONT STREET LLC	71 BOWERS ROAD, BERWICK, PA	18603	\$21,660.00
1ST CHOICE MEDICAL	1 CHASE MANHATTAN PLAZA, NEW YORK, NY	10081	\$2,650.00
A THRU Z SERVICES LLC	975 LOCKWOOD RD., ORTONVILLE, MI	48462	\$182.00
ABBOTT LABORATORIES	75 REMITTANCE DR SUITE 1310, CHICAGO, IL	60675	\$272.15
AC&R SERVICES, INC	217 TURKEY PATH ROAD, SUGARLOAF, PA	18249	\$548.55
ACCESS	PO BOX 782998, PHILADELPHIA, PA	19178	\$7,305.02
ACCESS PHYSICIANS MGMT SVCS ORG	PO BOX 671110, DALLAS, TX	75267	\$3,000.00
ACCESS PHYSICIANS PLLC	PO BOX 670347, DALLAS, TX	75267	\$5,251.94
ACTEON NETWORKS, LLC	165 INDIANA AVE., FORT WASHINGTON, PA	19034	\$1,899.26
ADVANCED STERILIZATION PRODUCTS	PO BOX 74007359, CHICAGO, IL	60674-7359	\$2,915.00
AGILITI SURGICAL EQUIPMENT REPAIR	PO BOX 856526, MINNEAPOLIS, MN	55485-6526	\$810.33
AMERICAN RED CROSS BLOOD SERVICE	PO BOX 33093, NEWARK, NJ	07188-0093	\$10,954.25
AMY GORDON	1709 CHESTNUT ST., BERWICK, PA	18603	\$16.38
ANDUS LLC	441 E HECTOR ST 4TH FLOOR, CONSHOHOCK, PA	19428	\$24,000.00
ANGIO DYNAMICS	14 PLAZA DRIVE, LATHAM, NY	12110	\$555.24
API HEALTHCARE CORPORATION - SYMPTOM	315 CAPITOL STREET SUITE 100, HUSTON, TX	77002	\$8,531.75
APPLIED MEDICAL	PO BOX 3511, CAROL STREAM, IL	60132-3511	\$2,082.00
ARBOR ASSOCIATES, INC	1349 US HIGHWAY 131 SUITE A, PETOSKEY, MI	49770	\$562.50
ASHLAND MEDICAL GROUP, PC	322 SOUTH 14TH STREET, LEWISBURG, PA	17837	\$21,616.00
Atlantic Biomedical Company	3637 LAHSER ROAD, BLOOMFIELD HILLS, MI	48304	\$4,123.05
AVANOS MEDICAL INC	PO BOX 732583, DALLAS, TX	75373-2583	\$1,244.20
BAYER HEALTHCARE	800 NORTH LINDBERGH BLVD., SAINT LOUIS, MO	63167	\$359.15
BECTON, DICKINSON AND COMPANY	PO BOX 28983, NEW YORK, NY	10087-8983	\$1,290.63
BERWICK AREA JOINT SEWER AUTH	1108 FREAS AVE, BERWICK, PA	18603	\$16,731.07
BERWICK MEDICAL CENTER ASSOC	695 E 16th St, Suite C 695 E 16TH ST, SUITE C, BERWICK, PA	18603	\$3,600.00
BIMBO BAKERIES USA INC	PO BOX 412678, BOSTON, MA	02241	\$282.44
BIO-RAD LABORATORIES, INC.	1000 ALFRED NOBLE DRIVE, HERCULES, CA	94547	\$91.32
BIOMERIEUX INC	PO BOX 500308, ST LOUIS, MO	63150-0308	\$15,311.57
BIOREFERENCE LABORATORIES	481 EDWARD H. ROSS DRIVE, ELMWOOD PARK, NJ	07407	\$27,580.80
BODNAR	204 W FRONT ST., BERWICK, PA	18603	\$63.60
BOSTON SCIENTIFIC CORP	PO BOX 786205, PHILADELPHIA, PA	19178-6205	\$18,108.75
BRACCO DIAGNOSTICS INC	P O BOX 978952, DALLAS, TX	75397-8952	\$109.48

Name	Street Address	Zip Code	Claim
Britt & Son LLC	P.O. BOX 131, MARSHALLS CREEK, PA	18335	\$201.40
BULL FROG,LLC	901 TOWER DR. #305, TROY, MI	48098	\$1,543.80
C R BARD INC	PO BOX 75767, CHARLOTTE, NC	28275	\$2,081.79
CARDIAC MONITORING SERVICE	1300 QUAIL STREET, SUITE 209, NEWPORT B	92660	\$1,365.00
CARDINAL HEALTH 200, LLC	PO BOX 13862, NEWARK, NJ	07188-0862	\$2,672.83
CAREFUSION SOL LLC/PYXIS PROD	25082 NETWORK PLACE, CHICAGO, IL	60673-1250	\$5,373.66
CARESTREAM HEALTH, INC	DEPT CH 19286, PALATINE, IL	60055	\$3,418.54
CAREVIEW COMMUNICATIONS	405 Texas 121 Bypass Suite B-240, Lewisville, TX	75067	\$15,204.64
CATHY CURTIN	43 VILLAGE LANE, BERWICK, PA	18603	\$13.84
Center for Medicare and Medicaid Services	1717 W. Broadway, Madision, WI	53713	\$110,285.51
CHG-MERIDIAN USA CORP	PO BOX 310577, DES MOINES, IA	50331	\$48,711.81
CIOX HEALTH	PO BOX 409669, ATLANTA, GA	30384	\$61.39
CLIA LABORATORY PROGRAM	P O BOX 3056, PORTLAND, OR	97208-3056	\$2,624.00
COLOPLAST CORP	DEPT. CH 19024, PALATINE, IL	60055-9024	\$25,081.00
CONSOLIDATED CALL CENTER SERVICE	217 TURKEY PATH ROAD, SUGARLOAF, PA	18249	\$534.78
COOK MEDICAL INCORPORATED	22988 NETWORK PLACE, CHICAGO, IL	60673	\$50.00
COVIDIEN SALES LLC	4642 COLLECTIONS CENTER DR, CHICAGO, I	690693-0046	\$4,910.16
CULLIGAN	136 N. 8TH ST., LEWISBURG, PA	17837	\$406.37
DALO'S BAKERY	1201 FREAS AVE, BERWICK, PA	18603	\$59.28
DATA INNOVATIONS LLC	PO BOX 101978, ATLANTA, GA	30392	\$10,600.00
DAVID KNELLER	PO BOX 485, SCHAEFFERTOWN, PA	17088	\$4,185.10
Diagnostica Stago Inc	PO Box 416347, BOSTON, MA	022416347	\$21,633.87
DIRECT TV	PO BOX 5006, CAROL STREAM, IL	60197-5006	\$930.68
EHRLICH	PO BOX 13848, READING, PA	19612	\$2,335.71
ENCORE REHABILITATION SERVICES	PO BOX 933195, CLEVELAND, OH	44193	\$80.24
ENERGY TECHNOLOGIES	591 NORTH HUNTER HIGHWAY, DRUMS, PA	18222	\$544.84
EPS, INC	LOCK BOX 427, JAMISON, PA	18929-0427	\$214.56
EVOQUA WATER TECHNOLOGIES LLC	28563 NETWORK PLACE, CHICAGO, IL	60673	\$5,267.56
EXPERIAN HEALTH	PO BOX 846133, LOS ANGELES, CA	90084-6133	\$24,404.26
FEDERAL EXPRESS	P O BOX 371461, PITTSBURGH, PA	15250-7461	\$654.45
FISHER HEALTHCARE	PO BOX 3648, BOSTON, MA	02241-3648	\$29,394.17
FOUGHT'S DISPOSAL SERVICE, INC	2705 SNYDER AVE, BLOOMSBURG, PA	17815	\$1,889.10

Name	Street Address	Zip Code	Claim
FRONTIER COMMUNICATION	PO BOX 740707, CINCINNATI, OH	45274-0407	\$11,420.94
GE PRECISION HEALTHCARE	PO BOX 96483, CHICAGO, IL	60693	\$11,856.10
GRAINGER	DEPT 887619336, PALATINE, IL	60038-0001	\$4,203.04
GUYETTE COMMUNICATIONS INC	90 NARROW ROAD PLYMOUTH PA	18651	\$4,611.40
Harmony Healthcare LLC	P.O. Box 161501 Suite 400, Atlanta, GA	30321-1501	\$15,493.00
HARRELL AUTOMATIC	POST OFFICE BOX M MIFFLINVILLE, PA	18631	\$4,363.73
HCSC LAUNDRY	2171 28th Street Southwest, Allentown, PA	18103	\$12,519.96
HEALOGICS WOUND CARE & HYPERBARIC	28525 NETWORK PLACE, CHICAGO, IL	60673	\$27,000.00
HEALTHMARK INDUSTRIES CO INC	PO BOX 7410624, CHICAGO, IL	60674-0624	\$34.92
HELEN WEBB	200 PLANTERS COVE, MADISON, MS	39110	\$121.00
HOLOGIC INC	250 CAMPUS DRIVE, MARLBOROUGH, MA	01752	\$188.00
IMPERIAL DADE	255 ROUTE 1 AND 9, JERSEY CITY, NJ	07306	\$1,424.79
Infrahealth IVES	1000 Heritage Center Circle 123, Round Rock, TX	78664	\$26,494.00
INTEGRITY MEDICAL	805 BEL VISTA DR, SPRINGFIELD, KY	40069	\$1,446.03
IRON MOUNTAIN	PO BOX 27128, NEW YORK, NY	10087-7128	\$1,121.08
JOHNSON CONTROLS FIRE PROTECTION	DEPT CH 10320, PALATINE, IL	60055	\$7,064.42
JULIUS ZORN INC DBA JUZO	3690 ZORN DRIVE, CUYAHOGA FALLS, OH	4422	\$979.65
KARL SCHU	136 middle road .catawissa PA	17820	\$44.25
KATHLEEN SPRINGMAN	345 MILLER RD, BARTO, PA	19504	\$135.71
KENNETH LOCKARD	212 MAIN ST, BERWICK, PA	18603	\$59.37
KERMA MEDICAL PRODUCTS	CCOUNTS RECEIVABLE 215 SUBURBAN DRIVE	23434	\$569.04
KEY SURGICAL	PO BOX 74809, CHICAGO, IL	60694-4809	\$65.72
KONICA MINOLTA BUS SOLUTION USA	DEPT. AT 952823, ATLANTA, GA	31192	\$2,029.83
KONICA MINOLTA PREMIER FINANCE	P O BOX 070241, PHILADELPHIA, PA	19176	\$8,362.66
KUROWSKI md SPINE AND PAIN MANAGEMENT LLC	1005 SCOTT TOWN CENTER, #1003, BLOOMSBURG, PA	17815	\$34,200.00
L & L BOILER MAINTENANCE, INC	116 SOUTH WASHINGTON STREET, MONTGOMERY, PA	17754	\$9,879.88
LINDE GAS & EQUIPMENT INC	10 RIVERVIEW DRIVE, DANBURY, CT	06810	\$15,028.01
MALLORY WOLL	369 EAST 5TH ST., BLOOMSBURG, PA	17815	\$100.62
MEDI-DOSE INC	LOCK BOX 238, JAMISON, PA 18929	18929	\$258.60
MEDLINE INDUSTRIES INC	BOX 382075, PITTSBURGH, PA	15251-8075	\$60,944.96
MEDPRO HEALTHCARE STAFFING	1580 Sawgrass Corporate Pkwy, Ste 200, Sunrise, FL	33323	\$23,277.74

Name	Street Address	Zip Code	Claim
Medsphere Systems Corporation	1220 E 7800 S Fl 3, Sandy, UT	84094	\$20,930.62
MEDTRONIC USA INC	4642 Collections Center Drice, Chicago, IL	60693-0046	\$73,160.70
MERIDIAN BIOSCIENCE	PO BOX 630224, CINCINNATI, OH	45263	\$1,382.02
METROPOLITAN TELECOMMUNICATION	PO BOX 9660, MANCHESTER, NH	03108-9660	\$1,516.60
MICHAEL WILCHINSKI	42 OLD MILL ROAD, WILKES BARRE, PA	18702	\$1,000.00
MIRION TECHNOLOGIES (GDS) INC	1218 MENLO DRIVE NW SUITE A, ATLANTA, GA	30318	\$185.50
MXR IMAGING INC	4909 MURPHY CANYON RD SUITE 12, SAN DIEGO, CA	92123	\$831.93
NAVIENT	PO BOX 9988, WILKES BARRE, PA	18773-9000	\$900.00
NORTHEAST COURIER SERVICE	478 OLD STATE RD, SWEET VALLEY, PA	18656	\$640.00
OEC Medical Systems INC	2984 Collection Center Drive, Chicago, IL	60693	\$4,718.06
OLYMPUS AMERICA INC	P O BOX 200194, PITTSBURGH, PA	15251-0194	\$1,638.99
ORGANOGENESIS	DEPT 2542 PO BOX 122542, DALLAS, TX	75312-2542	\$2,560.00
ORTHO CLINICAL DIAGNOSTICS	PO BOX 3655, CAROL STREAM, IL	60132	\$4,812.73
OVERHEAD DOOR CORPORATION	PO BOX 740702, ATLANTA, GA	30374-0702	\$1,917.01
PACE ANALYTICAL SERVICES LLC	PO BOX 684056, CHICAGO, IL	60695-4056	\$64.07
PAYNE HEALTH PHYSICS CORPORATION	PO BOX 406469, ATLANTA, GA	30384-6469	\$5,820.00
PHILIPS HEALTHCARE	PO BOX 100355, ATLANTA, GA	30384-0355	\$57.10
PIRAMAL CRITICAL CARE INC	PO BOX 734722, CHICAGO, IL	60673-4722	\$90.00
PITNEY BOWES	P.O. BOX 981026, BOSTON, MA	02298-1026	\$1,313.53
PITNEY BOWES RESERVE ACCOUNT	P O BOX 223648 P O BOX 223648, PITTSBURGH, PA	15250-2648	\$1,500.57
PPL	WO NORTH NINTH STREET, ALLENTOWN, PA	18101	\$2,601.43
PRECISION DYNAMICS CORP	PO BOX 71549, CHICAGO, IL	60694	\$204.48
PRECISION REMOTE PHARMACY SERVICE	424 MOUNTAIN VIEW DRIVE, DALLAS, PA	18612-9112	\$3,300.00
PREMIER HEALTHCARE SOLUTIONS	13034 BALLANTYNE CORPORATE PLACE, CHICAGO, IL	28277	\$17,666.66
Premier Pain Professionals	91 S.PROGRESS AVENUE, POTTSVILLE, PA	17901	\$1,000.00
PRIYAMVADA SHARMA	3637 LAHSER ROAD, BLOOMFIELD HILLS, MI	48304	\$4,179.23
PROGRESSIVE MEDICAL	997 HORAN DRIVE, FENTON, MO	63026-2401	\$615.86
PURCHASE POWER	P O BOX 371874, PITTSBURGH, PA	15250	\$244.86
RADAR HEALTHCARE PROVIDERS	P.O. BOX 1708, WATKINSVILLE, GA	30677	\$1,064.50
RAYUS Radiology	PO BOX 675253, Detroit, MI	I 48267-5253	\$54,786.00
REVSPRING INC	PO BOX 734197, CHICAGO, IL	60673-4197	\$10,815.00
RLS (USA) INC	MAIL CODE 7332 PO BOX 7247, PHILADELPHIA, PA	19170	\$1,751.76

Name	Street Address	Zip Code	Claim
ROCHE DIAGNOSTICS CORPORATION	PO Box 71209, CHARLOTTE, NC	28272-1209	\$1,302.76
ROTO-ROOTER PLUMBING SERVICES	131 CROSS ROAD, BLOOMSBURG, PA	17815	\$557.50
SAMANTHA HESS	PO BOX 26, BENTON, PA	17814	\$194.94
SANOFI PASTEUR INC	12458 COLLECTIONS CENTER DR, CHICAGO, IL	60693	\$11,990.74
SIEMENS HEALTHCARE DIAGNOSTICS	511 BENEDIT AVE, TARRYTOWN, NY	10591	\$1,271.20
SIZEWISE RENTALS	PO BOX 320, ELLIS, KS	67637	\$1,330.00
SMITH & NEPHEW ENDOSCOPY	P O BOX 60333, CHARLOTTE, NC	28260	\$7,842.00
Stair Biomedical Inc	1632 Ransom Road, Dallas, PA	18612	\$3,620.21
STAPLES ADVANTAGE	PO BOX 70242, PHILADELPHIA, PA	19176-0242	\$10,643.88
STEPHANI FRACE	777 HETLERVILLE RD, NESCOPECK, PA	18635	\$28.13
STERIS CORPORATION	PO BOX 644063, PITTSBURGH, PA	15264	\$6,083.00
STRECK, INC	270 PARK AVENUE, NEW YORK, NY	10017	\$614.39
STRYKER SALES LLC	21343 NETWORK PLACE, CHICAGO, IL	60673-1213	\$730.36
STRYKER SUSTAINABILITY SOLUTIONS	PO BOX 29387, PHOENIX, AZ	85038-9387	\$400.00
SUN LIFE ASSURANCE COMPANY OF CANADA	P O BOX 807009, KANSAS CITY, MO	64184-7009	\$12,973.52
SUN LIFE FINANCIAL	PO BOX 803821, KANSAS CITY, MO	641416423	\$16,801.38
SUN LIFE POLICY 946911-0002	P O BOX 807009, KANSAS CITY, MO	64184-7009	\$1,456.79
SUSQUEHANNA LITHOTRIPSY	100 W 3RD Avenue SUITE 350, COLUMBUS, OH	43201	\$2,608.00
Symmetry Surgical	PO BOX 719159, PHILADELPHIA, PA	19171-9159	\$221.65
SYSMEX AMERICA, INC.	28241 NETWORK PL, CHICAGO, IL	60673-1282	\$1,551.01
THE RYBAR GROUP, INC	PO BOX 1125, Fenton, MI	48430	\$1,980.00
THE SSI GROUP	PO BOX 11407 DEPT #2455, BIRMINGHAM, AL	35246	\$5,734.60
THERMO FISHER FINANCIAL SERVICES	168 THIRD AVE, WALTHAM, MA	02451	\$4,065.21
TRANE	PO BOX 406469, ATLANTA, GA	30384-6469	\$5,826.00
US Foods Inc	PO BOX 824038, PHILADELPHIA, PA	19182-4038	\$39,538.04
VERIZON	PO BOX 16801, NEWARK, NJ	07101	\$52,331.83
Verizon Business ID VS90303599, Bill payer	PO BOX 15043, ALBANY, NY	12212-5043	\$1,583.32
VERIZON WIRELESS	P O BOX 16810, NEWARK, NJ	07101	\$789.43
WEX HEALTH INC	345 MILLER RD, BARTO, PA	19504	\$133.20
WILKES BARRE GENERAL HOSPITAL	PO BOX 637907, CINCINNATI, OH	45263-7907	\$5,214.14
YEO & YEO CPAS & BUSINESS CONSULTANTS	691 N. SQUIRREL RD., SUITE 100, AUBURN HILLS, MI	48326	\$3,000.00
ZIMMER US INC	PO BOX 790413, ST LOUIS, MO	63179-0413	\$29,269.65